

c) *Sex*

Based on the morphology of the pelvis and the size and gracility of the skull and postcrania, it is clear that this individual was a female. Because the region around glabella is missing, it is not possible to use the Giles and Elliot (1962) discriminant function to classify this specimen either as to sex, or to population affinity.

d) *Age*

This individual is clearly fully adult, given the state of dental eruption and epiphyseal and cranial suture closure. The fact that few teeth were lost antemortem and the lack of osteoarthritis suggest that the individual was not extremely advanced in age (probably in the 30s or 40s at the time of death).

e) *Cultural Modifications*

No evidence of cultural modifications was visible on this skeleton.

f) *Stature*

Based on the formula for stature reconstruction for American White Females (Trotter 1970), using femoral and tibial length this individual's stature was approximately 165.8 +/- 3.55 cm (65.2 inches). Estimates based on the individual bones were within 1.5 cm of each other.

g) *Population Affinity*

No discriminant functions for distinguishing between populations can be used, and the condition of the skull and the poor condition of the face make assessment of population affinity somewhat difficult. However, the nasal aperture appears to have a slight nasal sill and the zygomatics were apparently retreating rather than projecting. Both of these features are suggestive of a Caucasoid affinity for this individual.

h) *Summary*

This skeleton is the remains of an adult female (in her 30s-40s at the time of death) of European ancestry. Her stature during life was approximately 65.2 inches (5 feet, 5 inches). At the time of death, she had considerable dental disease but no other obvious signs of pathology.

7. **FEATURE 38**

a) *Skeletal Inventory and Condition*

Only portions of this skeleton are present, and they are quite fragmentary. However, the bone itself is in good condition, i.e., it is not crumbling or eroded.

The occipital, left parietal, petrous portion of the left temporal, left zygomatic, and a portion of the alveolar portion of the maxilla are present. Three maxillary teeth are present (RM<sup>1</sup> and RM<sup>2</sup> and an unidentified left molar).

The mandible is preserved, in excellent condition, though the right side behind the first molar is broken off. Thirteen mandibular teeth are present (LI<sub>1</sub>, LI<sub>2</sub>, LC, LP<sub>1</sub>, LP<sub>2</sub>, LM<sub>1</sub> (root), LM<sub>2</sub>, RI<sub>1</sub>, RI<sub>2</sub>, RC, RP<sub>1</sub>, RP<sub>2</sub>, RM<sub>2</sub>). The left third molar was probably present at the time of death and lost postmortem.

The vertebral column is represented by only the first cervical vertebra (the atlas) and the odontoid process (dens) of the second cervical vertebra (the axis).

No portions of the ribs, manubrium, or sternum are represented. The pelvis is represented by a fragment of the lateral acetabular margin from the right ilium and a portion of the apex of the sciatic notch (probably the right side).

The lower limb is represented by the distal portion of the right fibula and by bones of both feet. The talus and calcaneus from both sides are preserved as well the left cuboid, right first cuneiform, all of the right metatarsals, three fragments of left metatarsals, and one unidentifiable fragment of foot phalanx.

The upper limb is represented by the right radius and ulna. These bones are essentially complete. In addition there is a fragment of unidentifiable carpal.

#### b) *General Description and Pathology*

##### 1) Cranium

The bones of the cranium are thick and heavy. The nuchal region is moderately to strongly marked. The mastoid process is moderately large and projecting, with a moderate to strong supramastoid crest. The surface of the fragments of bone which are preserved is smooth, with no porosity or other evidence of pathology.

The teeth are moderately worn. The second molars have large patches of dentin but there is enamel remaining on the occlusal surface (See Table 7). The right maxillary molars (M<sup>1</sup> and M<sup>2</sup>) have carious lesions on their adjacent interproximal surfaces at the cemento-enamel junction. The left maxillary molar (unidentified) has a large carious lesion on the lingual half of the crown. The crown on the right P<sub>1</sub> is decayed and the right P<sub>2</sub> has an interproximal carious lesion on the mesial surface. The right M<sub>1</sub> was lost antemortem. The right M<sub>2</sub> has a small carious lesion on the middle of the lingual half of the occlusal surface. The left M<sub>1</sub> was decayed during life, and only the medial root remained. The left M<sub>2</sub> has a large interproximal carious lesion on the mesial surface at the cemento-enamel junction. No other pathology is present on the teeth or mandible.

##### 2) Vertebral Column

The atlas has slight lipping on the margins of its superior articular surface.

##### 3) Sacrum and Pelvis

The acetabular margin shows some mild lipping, though the articular surface of the joint is smooth. The bone preserving apex of the sciatic notch is extremely small but it looks as if the sciatic notch would have been fairly narrow, more male in shape than female. Because of the fragmentary nature of this bone, this diagnosis is by no means a secure one.

##### 4) Lower Limb

The foot is free of pathology. The first and second metatarsals are extremely large and robust. This is consistent with the evidence from the cranium and innominate which suggests that this individual was male.

## 5) Upper Limb

The radius and ulna are fairly large, robust bones. There is very slight lipping on the margins of the articular surface of the trochlear notch.

### c) *Sex*

Although this skeleton is quite fragmentary, it is most likely that the individual was male. This evaluation is based on the thickness of the cranial vault, robusticity of the cranium and long bones, and the sciatic notch, which seems to have been narrow.

### d) *Age*

This individual was clearly an adult. The fact that there is wear on the teeth and some antemortem tooth loss suggests that the individual was at least middle-aged, but the fact that there was not more antemortem tooth loss or osteoarthritis suggests that the individual was not older than middle-aged (probably in his 30s to 40s at the time of death).

### e) *Cultural Modifications*

No cultural modification was visible on any of the preserved skeletal elements.

### f) *Stature*

The stature of this individual based on the length of the left ulna (the only measurable long bone) and using a regression equation derived from White Males is 163.6 +/- 4.3 cm (64.4 inches).

### g) *Population Affinity*

The population affinity of this individual cannot be determined given the fragmentary nature of the skeleton. As with some of the other individuals from this site, there is no evidence to contradict the hypothesis that this individual was of European ancestry.

### h) *Summary*

This individual was probably a middle-aged adult male with some dental decay and loss but no other signs of pathology and only slight degenerative changes in the postcranial skeleton. He would have been about 64.4 inches (5 feet, 4 inches) tall during life.

## 8. **FEATURE 39**

### a) *Skeletal Inventory and Condition*

The skull is complete and in excellent condition. The maxilla, nasals, and zygomatic arches are broken off of the cranium, but are present. The mandible is complete. All teeth that were present in the jaws at the time of death were preserved. These include RI<sup>1</sup>-RP<sup>2</sup>, RM<sup>2</sup>, RM<sup>3</sup>, LI<sup>1</sup>-LP<sup>1</sup>, LM<sup>1</sup>, M<sup>2</sup>, LM<sup>3</sup>, RI<sub>1</sub>-RP<sub>2</sub>, RM<sub>3</sub>, LI<sub>1</sub>-LP<sub>2</sub>, and LM<sub>3</sub>. The upper premolars, left canine, and left first molar are represented by roots.

All seven cervical, twelve thoracic, and five lumbar vertebrae are preserved in excellent condition. The bodies of the thoracic and lumbar vertebrae are somewhat fragmentary.